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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

1/20/0

Amend Name

Chy

15/51/09

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: ONE TOUCH PERFECTION, INC. DOCUMENT NUMBER: ___ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Miāmi Fr 33187. BUGGING 87@ GMDIL . COM.

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 295-1740.

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & **□**\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

EFFE	CT	IVE	D	47	E
	1 ,	- 1	A	7	1

of	1/1/2012
ONE TOUCH DEFECTION	W, Ire
(Name of Corporation as currently filed with	
P050000768	346.
(Document Number of Corporate	tion (if known)
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporatio	on:
DENT PROS.	INC The new
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Contain the word "chartered," "professional association "Contain the word "chartered," "professional association "contain the word "chartered," "professional association"	poration," "company," or "incorporated" or the Corp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	15148 SW 173 TERR
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	15148 SW 173 TERR Mismi Fr 33187
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRETARY TALLAHASSE 19 DEC 17
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade	
Name of New Registered Agent:	
New Registered Office Address: (Flori	rida street address)
	, Florida
(City)) (Zip Code)
New Registered Agent's Signature, if changing Registered A	
I hereby accept the appointment as registered agent. I am fam	iliar with and accept the obligations of the position.
Signature of New	v Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title-name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	Name	Address	Type of Action
<u>p</u>	Moussa Sociano Carlo Ao Sociano	15148 SW 173 TERR MIDMI FL 33187	Add Remove
<u>vP</u>	applo Ao Soriano	15148 SW 173 TEAL MIDMI R 33187	_ ☑ Add □ Remove
			Add Remove
provis	mendment provides for an exchange, re ions for implementing the amendment is not applicable, indicate N/A)		
•		· · · · · · · · · · · · · · · · · · ·	
•		······································	

Effective date if applicable: (date of adoption is required) (no more than 90 days after amendment file date) Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval by
 □ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. □ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval by
by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval by
"The number of votes cast for the amendment(s) was/were sufficient for approval by
by" (voting group) The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder
 The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder
action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder
·
Dated 12 15 2009
Signature Carlo Low ONLOW
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
CARLO L. SORIÓNO
(Typed or printed name of person signing)
(Title of person signing)